

United States Senate

WASHINGTON, DC 20510-2803

September 10, 2003

Richard E. Larson
Executive Director
CARES Commission
810 Vermont Avenue, NW
Washington, DC 20480

Dear Mr. Larson:

After carefully reviewing the recently released CARES report, I am writing to strongly encourage the CARES Commission to include the proposed Community Based Outpatient Clinic (CBOC) for Elko, Nevada in its highest priority CBOC investment group. The sizable veterans community in Elko County is one of the nation's most underserved populations when it comes to veterans health care services. Currently, veterans in Elko County and surrounding areas are faced with a daunting choice: travel 470 miles round-trip to the VA Salt Lake City Health Care System's medical center or make a similar 400 mile journey to a CBOC in Ely, Nevada. These exceptionally long commutes, at times complicated by severe weather, mean that veterans are unfairly deprived of essential VA health care services.

Furthermore, northeastern Nevada is home to a significant and growing veterans community. Recent census data confirms that a CBOC in Elko would service a veteran population of at least 6000 men and women. Elko County alone is reported to have approximately 5000 veterans. As thousands of new people make Nevada their home each month, the number of veterans in this area is certain to grow, making the need for a local facility even more acute.

It is also important to note that the proposed Elko CBOC can be established with a relatively small expenditure. The Veterans Health Administration Rocky Mountain Network (VISN 19) estimates that the cost for the first year of the proposed Elko CBOC contract would be between \$160,000 and \$250,000. This price tag represents a minimal cost when compared to the immense benefits that such a facility would provide. Additionally, Province Healthcare, the owner of a recently remodeled and centrally located clinical facility, has offered to lease its property at a nominal rate should the Elko CBOC be approved, so there are no construction costs associated with this project.

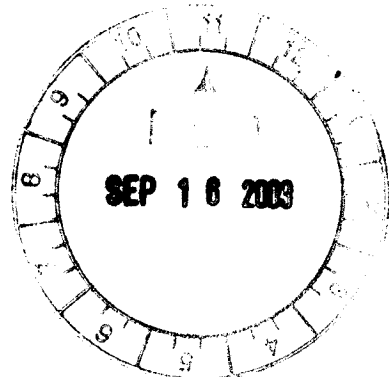
With these facts in mind, I ask that the Elko facility be given special consideration because, simply put, few if any veterans face greater difficulty in accessing veterans health care services than those in northeast Nevada. I hope that the CARES Commission will take these issues into consideration as it reviews the current draft plan and makes necessary alterations.

Please do not hesitate to contact me if I can be of assistance. You can also reach Rich Verma of my staff at 202-224-3542.

Sincerely,


HARRY REID
United States Senator

cc: Anthony Principi, Secretary of Veterans Affairs



**Statement of
The Honorable Craig Thomas
U.S. Senator from Wyoming**

**Hearing on
VA Capital Asset Realignment for Enhanced Services Initiative
September 22, 2003
Denver, Colorado**

Mr. Chairman and members of the CARES Commission:

I thank you for this opportunity to comment on the CARES process, and more specifically, the draft report recommendations for VISN 19, the Rocky Mountain Network. There is little doubt that the VA Health Care system is in need of reform, and I commend the Commission in its efforts to streamline the system and make it more effective to better serve the needs of our veterans. The current recommendations for VISN 19 and the Cheyenne VAMC, however, are questionable for a number of reasons and should be revisited.

Current recommendations in the draft CARES reports suggest downsizing the Cheyenne VAMC to a Critical Access Hospital, and that inpatient surgical services provided by the Cheyenne VAMC be cut and either transferred to the Denver VAMC or contracted to private facilities. In making these recommendations, the VA Undersecretary for Health has failed to take into account several factors of significance.

The Cheyenne VAMC plays an integral role in a medically underserved and generally rural area. The facility services not only veterans from the State of Wyoming, but also northern Colorado and western Nebraska – a geographic area of over 143,000 square miles. The volume of inpatient medical and surgery case handled by Cheyenne is growing and is sufficient to necessitate the continuation of these services. In fact, if enhanced access to health care is indeed a priority, services provided in Cheyenne should be increased rather than cut.

The staff in Cheyenne continues to do an outstanding job to accommodate the growing work load, including developing and maintaining partnerships with local hospitals and clinics to more effectively serve the veteran community of this tri-state area. These partnerships allow the valuable access to the necessary technology and services required for a top notch surgical program. Additionally, through its surgical program the Cheyenne VAMC is a training site for the Cheyenne University of Wyoming family practice program, which trains doctors for this medically underserved area.

Elimination of inpatient surgery would lead to many problems down the road. The absence of complex surgery at Cheyenne will result in the loss of surgeons and impede the ability to recruit qualified surgeons who would handle only outpatient surgery. The removal of inpatient surgery would result in a loss of specialized nurses in the surgery and intensive care unit, and eventually diminish the high competency level of those caring for only “low risk” patients. The elimination of complex gynecological services results in the loss of care for female veterans. With the

TOM OSBORNE
3D DISTRICT, NEBRASKA

COMMITTEE ON AGRICULTURE

COMMITTEE ON EDUCATION
AND THE WORKFORCE

COMMITTEE ON RESOURCES



Congress of the United States

House of Representatives

Washington, DC 20515-2703

October 15, 2003

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Mr. Richard Larson
Executive Director
CARES Commission, (00CARES)
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Larson:

Thank you for allowing me the opportunity to comment on the Veterans Affairs' (VA) National Capital Asset Realignment for Enhanced Services (CARES) draft plan. I appreciate the difficult task the Camp Teams for Veterans Integrated Service Network (VISN) 23 embarked upon to develop the market plan for Nebraska, and other states in VISN 23. I understand that the ideas that were developed through this process are intended to enhance the care veterans in Nebraska and VISN 23 will receive in the future.

Nebraska has several VA medical facilities scattered throughout the state. The VA operates a medical facility in Omaha and Grand Island. The VA also operates Community Based Outpatient Clinics in Lincoln, Norfolk, North Platte, Sidney, Alliance, Rushville and Gering. Some of these CBOCs are contracted with local medical providers, while the VA fully staffs other clinics.

While access to VA facilities in Nebraska has improved since 1995, veterans are still traveling hundreds of miles to seek care from the VA. Currently, if a veteran in Holdrege, Nebraska, needs medical care, that veteran will travel to the VA Medical Center in Grand Island or the Community Based Outpatient Clinic in North Platte. The veteran's trip to Grand Island is 100 miles and it takes two hours to travel to the facility in one direction. If that same veteran decided to travel to the VA facility in North Platte, it would still be 100 miles and take him almost two hours. While two hours may seem like a short period of time for a young, healthy individual, two hours can be an eternity for an elderly person in ill health who must travel that distance. Upon arrival, this veteran must wait for the appointment and then drive home for another two hours.

After reviewing the proposed marketing plan for Nebraska, before its submission to the VA Under Secretary for Health, I was pleased to see Community Based Outpatient Clinics were being considered for Holdrege and O'Neill, Nebraska. I also understand that VISN 23 is also considering contracting patient care at the Regional Medical Center in Scottsbluff. I believe these additions would be a positive step to providing care for veterans in rural areas.

On August 4, 2003, Secretary Anthony Principi announced the National Draft CARES plan. I was disappointed to learn the CBOCs for Holdrege and O'Neill were not included in the CBOCs highest priority category, which means the proposed facilities are unlikely to receive funding from the VA in the next several years.

I am very concerned that the distance Nebraska veterans are traveling to obtain care from the VA continues to be overlooked. Many veterans are traveling more than an hour and sometimes up to three hours to go to a doctor's appointment at a VA facility. For many elderly veterans and their caregivers, driving is very challenging. The veteran may have to drive through blinding snowstorms, extreme heat or heavy rains just to go to the VA for care.

Over the last year, I have been working to highlight this problem and make the Administration understand the challenges that rural veterans face in trying to access health care from the VA. I have spoken with Secretary Anthony Principi, Assistant Secretary for Congressional Affairs Gordon Mansfield, and Deputy Secretary of Veterans Affairs Dr. Leo MacKay to emphasize the problem. But the Veterans Administration (VA) is a complicated service that serves millions of veterans across the country, and unfortunately it cannot be changed overnight.

With my legislation, Third District veterans would no longer have to drive 60 minutes or more to a Veterans Administration facility, or wait six-plus months to get preventative and routine medical care. H.R. 2379, the Rural Veterans Access to Care Act would allow the VA to contract for care with local medical facilities for highly rural or geographically remote veterans to get the general health care they need closer to home.

H.R. 2379, the Rural Veterans Access to Care Act, would set aside five percent of the VA medical care funding in order to contract with local medical facilities to serve rural veterans. The legislation does not take funding away from the treatment of veterans, but it allows enrolled veterans who live in highly rural areas to seek health care and receive medical treatment closer to their homes. The VA would contract with local clinics and health care facilities to provide routine care to veterans.

I am extremely concerned about elderly veterans traveling on Nebraska highways to access health care from the VA. According to an August 2001 report by the Department of Transportation entitled *FAMILY AND FRIENDS CONCERNED ABOUT AN OLDER DRIVER*, "the risk of crash involvement for older drivers is associated with number of miles driven, changing functional abilities, and the presence of certain medical conditions which impact vision, cognition, and physical functioning (Marottoli, 1993). It is estimated that about 10% of individuals have medical conditions that may lead to unsafe driving behaviors. Older drivers with cognitive and visual impairments may be most at-risk because many are not aware of or do not recognize their impairment."¹

I hope the CARES Commission will consider the distance veterans in Nebraska are traveling to access primary care, and reconsider Secretary Principi's decision not to establish CBOCs in Holdrege and O'Neill. I believe it is important for veterans to receive the health care they were promised by the VA, without being penalized for choosing to live in rural Nebraska.

Again, thank you for allowing me this opportunity to address the National CARES draft plan.

Sincerely,


TOM OSBORNE
Member of Congress



Congress of the United States
House of Representatives

August 21, 2003

Mr. Richard Larson
Executive Director
CARES Commission
Department of Veterans Affairs

Dear Mr. Larson:

I appreciate the opportunity to comment on the draft national plan created by the Department of Veterans Affairs Capitol Asset Realignment for Enhanced Services (CARES) Commission. I look forward to working closely with the Department of Veterans Affairs and the Secretary of Veterans Affairs, the Honorable Anthony Principi, to ensure that veterans in Southern Nevada are provided the best possible health care.

I was excited to join Secretary Principi in announcing the Department of Veterans Affairs (VA) proposal to build a full-service hospital in Las Vegas that will become the centerpiece of a major expansion in health services for veterans in Southern Nevada. It is time to show our appreciation to these brave men and women who have sacrificed so much for our great nation. Veterans in Southern Nevada have for many years indicated the importance of such a facility, and I have agreed with them and worked towards securing an appropriate facility. The CARES recommendation to construct a new hospital in Las Vegas is certainly a big step in the right direction. In addition, I strongly support the CARES recommendation to establish a new nursing home in Southern Nevada. These proposed facilities would help to meet the varied health care needs of our veterans.

I would also like to take this opportunity to request the establishment of a Community-Based Outpatient Clinic (CBOC) to be located in Laughlin, Nevada. I would appreciate your prompt consideration of this matter and your help in expediting the establishment process. I have also been made aware of a current hold on the opening of new CBOCs until the CARES process is complete; however, I urge you to make an exception to this hold for the veterans of the Laughlin area who face exceptional hardships from a lack of accessible health care.

It is my understanding that the Laughlin veteran community meets the established criteria for communities eligible for CBOC services. Existing VA facilities do not adequately meet the primary healthcare needs of veterans residing in the Laughlin area. Patients must drive approximately 200 miles round trip to receive healthcare in Las Vegas. During much of the year, high temperatures in the Mojave desert combined with congested infrastructure make travel difficult and dangerous for older veterans. Approximately 1,400 veterans from the Laughlin area visited the VA Southern Nevada Healthcare System for VA healthcare in fiscal year (FY) 2002. This number does not include veterans who forego receiving primary medical care essential for maintaining general good health because of difficulty accessing VA facilities.

Mr. Richard Larson

August 21, 2003

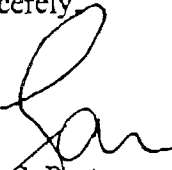
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As you know, CBOCs provide a valuable service for veterans across the nation where VA medical treatment is not readily accessible. Currently more than 17,000 veterans reside in the rapidly growing Laughlin, NV area. Authorization for a CBOC in Laughlin would reduce travel difficulties and shorten waiting times for these veterans in need of outpatient health care.

Establishing an outpatient facility for veterans in the Laughlin area is one of my highest priorities, and I strongly support the authorization of a Community-Based Outpatient Clinic in Laughlin.

The population of Southern Nevada is constantly changing and Nevada is one of our nation's fastest growing states. It is vital that the Department of Veterans Affairs continue to examine the growing needs of Nevada's veterans when establishing health care facilities and providing care. I am thankful that the VA is considering the needs of veterans and I look forward to working with them to ensure veterans receive the care and respect they deserve.

Sincerely,



Jon C. Porter
Member of Congress

JCP/sm



OFFICE OF THE GOVERNOR

KENNY C. GUINN
Governor

September 10, 2003

Chairman Everett Alvarez, Jr.
CARES Commission
Department of Veterans Affairs
810 Vermont Ave NW
Washington DC 20420

Dear Chairman Alvarez:

Thank you for the opportunity to provide information at this public hearing for this very important endeavor. The Capital Assets Realignment for Enhanced Services (CARES) is a strong step for the Department of Veterans Affairs to take in continuing to improve health care and services to the nation's heroes: Our Veterans. Nevada is proud of our long relationship with the Department of Veterans Services in providing this service for Veterans.

Nevada's population is one of the fastest growing in the nation and the Nevada veteran population of 240,375 continues to grow. This population growth has placed unprecedented strains on the limited veteran medical and support facilities now available. The announcement of a new 87-bed hospital with an expanded multi-specialty outpatient clinic and a 120-bed veterans nursing home will do much to increase care for the Veterans of Southern Nevada.

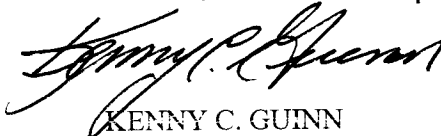
The expansion of inpatient tertiary care in the Reno medical facility and increased use of local contracts for cardiac service, cardiac surgery, and neurosurgery will greatly reduce the out of state travel now required by northern Nevada veterans to receive this specialized health care. The establishment of a Community Based Outpatient Clinic (CBOC) in Fallon in fiscal year 05 will further reduce travel time for veterans living in the north central rural areas of Nevada.

It is strongly requested that establishment of a CBOC in Elko be included in the highest priority level of this CARES plan. The 6,000 veterans residing in this rural area of Northeastern Nevada are isolated from adequate health care that would be provided by this CBOC in Elko. This will reduce the long out of state travel times now required by Veterans in Elko and White Pine Counties seeking health care at the Veterans Medical Facility in Salt Lake, Utah.

Chairman Everett Alvarez, Jr.
September 10, 2003
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Nevada looks forward to a continuing expanding partnership in providing care and services to "Those who have served", Nevada Veterans.

Sincerely,



KENNY C. GUINN
Governor

CFulkerson:jl

cc: Secretary Anthony J. Principi
Senator Harry Reid
Senator John Ensign
Congressman Jon Porter
Congresswoman Shelley Berkley
Congressman Jim Gibbons
Ron Kruse, Chairman, Nevada Veterans' Services Commission